

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXVIII.

WEDNESDAY, JULY 5, 1848.

No. 23.

BIOGRAPHICAL SKETCH OF THE LATE JONATHAN ALLEN, A.M., M.D.

BY S. PEARL LATHROP, A.M., M.D.

[Communicated for the Boston Medical and Surgical Journal.]

At the last meeting of the Addison County Medical Society, I was charged with the duty of preparing for the Boston Medical and Surgical Journal, a biographical sketch of Jonathan Adams Allen, M.D.; also at the last meeting of the Middlebury Historical Society, the same duty was assigned me.

One of the objects in view in preparing a biography of Dr. J. A. Allen, is to pay a due respect to the memory of a good man, a persevering student, a skilful physician and a true christian; another, to lay before the younger members of the medical profession, and young men generally, a good example of enduring patience under suffering, of unwearied perseverance under difficulties, and of ultimate success in the attainment of the end sought.

Jonathan Adams Allen was of poor but respectable parentage. He was born November 17th, 1787, in Holliston, Mass. His father was Amos Allen, son of Seth Allen, of Holliston, whose father immigrated to this country from Wales. His mother was the daughter of Abel Smith, of Holliston, and granddaughter of Jonathan Adams, of Medway, Mass. This Jonathan Adams was born about the year 1700. His mother was killed by the Indians when they burned that town. They seized this little fellow by the feet and dashed his head against a stone, then left him, as they supposed, dead upon the ground. On the next day, however, he was discovered alive. He was afterwards a member of the first Colonial Congress held at Salem, and a captain in the first army raised in Massachusetts. He died at the advanced age of over one hundred years.

Through this same Jonathan Adams, Dr. Allen's genealogy may be traced to the same origin as that of the two illustrious Presidents—John Adams and John Quincy Adams—the latter of whom has so lately departed from the councils of the nation, loaded with the honor of his countrymen and embalmed in the memory of the living.

Dr. Allen received the name of Jonathan Adams at the request of his great-grandfather, who promised his parents, in consideration thereof,

to give him a sheep. His parents emigrating, however, to the then wilderness of Vermont, a hatchet was thought more serviceable and appropriate to his future condition.

He remained with his father in Newfane, Vt., laboring most of the time upon the farm, until he was 21 years of age. It is supposed that he received, during this time, a good common school education, though it is said that his father never purchased for him but two books—a *primer* and Webster's *spelling-book*. All his other books were purchased from his own means, obtained by the trapping of minks and muskrats, and selling their furs.

On the morning of his 21st birth-day, Nov. 17th, 1808, with a few clothes tied up in his pocket handkerchief, he left his father's house to seek his fortune in the world. It is with interest that we contemplate this period of his life. Nothing very striking had marked the few and fleeting years of his minority, save it be the fact that he loved knowledge and was willing to make greater sacrifices of personal comfort and ease to obtain it than young men usually are. Who now would predict his future course and its noble results from the scanty data of the past? Some random seeds of knowledge, however, had been sown, and had fallen into the good ground of an honest heart.

One of the first acts of Dr. Allen, after reaching his place of destination, reveals to the accustomed observer of God's providence, which never discards means, the unclouded future of scientific attainment and professional aggrandizement. He came to the West Village of Townshend, in this State, and having entered upon the duties and drudgery of a school teacher, he immediately made arrangements with the minister of the place to be instructed in Latin. Evening after evening, even when wearied by the severe duties of the day, by the glaring and varying light of an old-fashioned fireplace, undisturbed by the noise of numerous children, the subject of this memoir might be seen plying, with unwearied earnestness, all his powers in the acquisition of that knowledge which was to be the basis of his future attainments.

He continued thus to teach and to study for several years. He, however, at length entered upon a course of study preparatory to the practice of medicine, under the instruction of Paul Wheeler, M.D., of Wardsborough, Vt. He attended medical lectures at Dartmouth College at the time when the celebrated Dr. Nathan Smith was at the head of that school. From this eminent physician and surgeon, he seems to have imbibed many of those traits of character which so highly distinguished that great man.

He received his degree of Doctor of Medicine at that College, August 24th, 1814, having attended the prescribed courses of lectures and passed satisfactory examinations. He immediately entered upon the active duties of his profession, in company with his former preceptor, in the village of Wardsborough. This copartnership existed two years, when, by earnest solicitation, he removed to Brattleborough in August, 1816. He continued there in the practice of medicine until he was appointed lecturer on Chemistry, in Middlebury College, October 9th, 1820. He did

not remove his family to Middlebury, however, till the spring of 1822, at which time he was also appointed to the professorship of *Materia Medica* and Pharmacy in the Vermont Academy of Medicine, which at that time was under the patronage of Middlebury College. When the fact became known that he thought of leaving Brattleborough, he was solicited by the inhabitants of some of the towns near there, to establish himself among them, and they pledged to him a liberal patronage if he would do so. It appears from letters of solicitation found among his papers, that Dr. Allen, at this early period in his professional career, had taken a high position in the rank of physicians.

After removing his family to Middlebury in 1822, he commenced the practice of his profession in that place. He continued to lecture in the College till 1826, and attended to the duties of his professorship in the Academy of Medicine till 1829. His professional practice continued till his death, which occurred at Middlebury on the 2d of February, 1848, at the age of 60 years.

To form a just opinion of the character of Dr. Allen, it will be necessary to view him in the various relations which he sustained in life. He seems to have devoted himself, early in the course of his study, to the acquisition of knowledge, and particularly to a knowledge of natural history, especially those branches most intimately connected with his profession. It was during the few years of his residence in Wardsborough and Brattleborough, that he made quite an extensive collection of minerals. This was afterwards purchased by Middlebury College, and for some time formed a large portion of the mineralogical cabinet of that institution. A few years since, when the minerals were all handed over by the writer of this sketch, it was found that a large number of the labels were in his hand-writing, showing that they were analyzed and their names appropriated to them by himself. Several scientific articles which appeared about this time in Silliman's Journal of Science, also show his interest in this branch of natural history.

At a somewhat later period, he collected two extensive herbariums, one of which he arranged according to the artificial method of the Swedish botanist Linnæus, and the other according to the more scientific and just method of the distinguished French botanist Jussieu, called the natural system.

He was also peculiarly interested in comparative anatomy, and made himself more or less acquainted with the *fauna* of this and the adjoining States. If any new or strange animal was caught or killed in this region, he was made the judge of its character, and was called upon to give it a habitation and a name. This was especially the case when our State paid a bounty for the destruction of wild beasts.

It was said, indeed, that he was led to the choice of the medical profession by his great interest in the study of the lower animals, great numbers of which had fallen victims to his curiosity.

To the science of chemistry, Dr. Allen had given the closest and the most exact attention. He made himself familiar with the nicest principles of combination found in the various medical formulæ. While at

Wardsborough and Brattleborough, he was accustomed to lecture on chemistry in the towns adjoining. His success in these lectures brought him to the favorable notice of the Trustees of Middlebury College, and secured his appointment as lecturer on chemistry in that institution. The skill and the remarkable power of adaptation which he exhibited in the *getting up* of his chemical and philosophical apparatus, was truly Franklinian, and would have done honor to the distinguished American philosopher. His bottle, gun-barrel, tobacco-pipe and wash-tub, in the district school room, would make a sorry appearance beside the splendid retorts, furnaces, test-tubes and pneumatic cisterns in the laboratories of our colleges. The enthusiasm of the philosopher, however, was there imparting life and power to them all, without which the most splendid apparatus is but dead matter—simply glass and metal. At a later period Dr. Allen was accustomed to prepare many of the choicest articles of the *materia medica*, so that, to a very great extent, he had rendered himself independent of the apothecary.

He ever had a restless anxiety to become familiar with the laws of nature. It was his usual practice to study them in all the various phenomena resulting from their action, with a zeal and a zest known only to those who become *adepts* in the process. It was not, however, merely as a naturalist that he devoted himself to the acquisition of a knowledge of nature, but as a physician in the truest sense of the term. He believed disease to be a natural phenomenon, and regulated in its rise, progress and termination, by laws as fixed and capable of being determined as are other natural laws. His views of the *modus operandi* of medicines are so just, and, at the same time, so well show his manner of philosophizing, that we are unwilling to resist the temptation of quoting a few extracts from his "System of Pharmacology," the first number of which, alone, was ever published. "Every active substance in nature, when exhibited, exerts upon the system an action peculiar to itself; the changes, therefore, both primary and secondary, which are produced by medicinal agents, are exceedingly numerous; and, however numerous and complex the remedial effects of a given agent may be, yet such is the influence of the laws of life, that under any diathesis, the same substance, in the same existing circumstances, it is believed, invariably results in sameness of effects.*****These principles are as fixed as any of the laws of nature. We readily admit, in the physical sciences, that from the same causes the same results proceed—all circumstances being equal. And can we suppose that He, who imparted unvarying laws to inanimate matter, has withdrawn from it his absolute governance by endowing it with life? Do not the several systems of the human body, in the performance of their functions, coöperate in a certain manner, which by observation has been reduced to scientific principles? And shall we therefore refuse to medicine the same certainty, which is readily admitted in all other cases to be established by an omniscient power? The *ars conjecturalis*, therefore, as applied to medicine, is the offspring of ignorance, and not the deduction of sound philosophy. The truth is, the apparent aberrations in the operations of medicines, result not from un-

certainty, but from inattention to the existing state of the system.***** The acknowledged immutable laws which pervade animated nature in health and disease, afford every encouragement to the votaries of medical science. Different, indeed, from the laws of inanimate objects, but not the less sure. Rendered more complex by the vital spark, the essential character of which is locked up in the bosom of our Creator, and yet in their operations, like chemical affinity, equally subject to our observation."

In accordance with these views, he constantly endeavored to make himself acquainted with all the circumstances which might come in to modify the operations of medicine, or in any way change the phases of disease. He was continually watching the phenomena daily transpiring around him, and was accustomed to note the thermometrical and barometrical changes, and compare them with the characteristics of prevailing diseases. He watched closely the incipient as well as more advanced stages of the different epidemic and endemic diseases, which from time to time made their appearance. It was this critical observation of his, which gives value to the several essays which he published at different times. His history of "Erysipelatous Fever," as it appeared in this region a few years ago, has been quoted by some of the best medical writers upon this disease, since his article was written. The last article which engaged his attention previous to his death, which, however, he never finished, was a history of the diseases of Addison County, for the purpose of comparing their character with the geological formations of the different districts of the county.

His minute and exact knowledge of the different principles of the numerous articles of our extensive materia medica, and the various degrees of power with which they enter into combination, is a forcible and happy illustration of the truth, that there is no *one* study so all-important to the medical man as that of natural science.

With these predominant traits of character as a student of nature, it is easy to predict what would be his character as a student and practitioner of medicine. When called to visit the sick, every case was, in his view, a problem of nature, and could be solved only by a knowledge of natural laws, and being familiar with these, he was seldom at a loss to decide what course to pursue. It could never be said of him that he was a *routine* practitioner. He was accustomed to examine critically medical authorities, and to digest well their views on any point, but these views were ever held subject to his own judgment.

Dr. Allen was thorough and more than commonly happy in his diagnosis. He was also peculiar for the skill displayed in the choice of his remedies. From his extensive knowledge, he was enabled to take into consideration all the modifying circumstances, and prescribe accordingly.

From his great knowledge of diseases and his success in their treatment, his practice became extensive. No physician in this portion of the State was more frequently or extensively called in council, and few enjoyed, to so great an extent, the confidence and friendship of their brethren. As a surgeon, he was much distinguished throughout this region,

and in a portion of the State of New York. Scarcely any operation of note was performed in this vicinity, by any other surgeon, for several years. As an operator, he may be ranked among the most successful, though his operations were not performed with that adroitness which distinguishes some of our best surgeons. He acted according to the motto—that a thing well done was quick done. One thing worthy of particular attention in the operations of Dr. Allen, is, his great and even remarkable success in those performed upon old people. Out of a very large number of this class performed by him, it is not known that he lost one. It is the general opinion that old people are not good subjects for surgical operations.

He was particularly attentive to his patients. This was especially the case when their condition was at all critical. He has been known often to leave his couch at the dead of night, uncalled and perhaps worn down with severe fatigue, and visit the sick room, that no unforeseen and unprovided-for supervention might steal the march. Many in this vicinity remember with gratitude his unwearied attention in times of danger. He was very remarkable for his skill and indomitable perseverance in cases of extremity. He would never give up his patient as lost while life remained.

Dr. Allen was a thorough and well-read physician. He was not only familiar with the best approved medical writers, but he was accustomed to supply himself with the leading and ablest works of the various schools of medicine. He had adopted the maxim of learning even from an enemy. Few physicians in the country can boast of a better or of a more thoroughly studied library. He supplied himself with the best medical publications, and his library increased in size and value for the last few years as greatly as at any period of his life. It was with his books that he sought and found his chief recreation from the severe duties of his profession. It has been truly said of him, that "he applied himself more closely to the study of medical works during the last ten years of his life, than do most medical *students*, before receiving their diploma." He furnished several articles for some of our best scientific and medical journals. To some of these we have already alluded. These are all characterized by his peculiar genius and critical observation. He had also rendered himself familiar with the discussions and news of the day, and had paid some considerable attention to history.

As an instructor, he was most highly esteemed. Though not endowed with a good delivery—his voice being weak and his utterance indistinct—yet he readily secured the attention and respect of his listeners by the truthfulness and justice of his instructions. As a private tutor few can be more able and faithful. He endeavored to inspire his pupils, both by precept and example, with a love for the profession, with activity and energy in the practice of it, and an enthusiastic zeal in the promotion of its interests. All who were instructed by him, remember him with a warm personal regard. They could not but be struck with his almost unlimited knowledge of his profession, and his happy application of this in communicating instruction to them, either in the retirement of the study

or at the bed-side of his patients. It was his opinion, one upon which he acted, that the medical profession could be elevated *only* by a thorough medical education of its members, and by introducing into its ranks thoroughly-disciplined practitioners. Nothing, therefore, would sooner exhaust his patience, than the indifference of a medical student, who wasted a large portion of the time allowed for reading, previous to the receiving of his degree. Dr. Allen himself ardently loved the studies and duties of his profession, and regarded it somewhat in the light of the ancients, who thought that physicians ranked next to the gods. He delighted in its prosperity, and was, at the time of his decease, one of the most important members of the State Medical Society, and the most active member of the Addison County Medical Society. The meetings of the latter Society were rendered very instructive and profitable by the several communications made by him.

Dr. Allen manifested, through his whole life, a remarkable love of order and punctuality. The former trait could not but have been noticed by every one who entered his study as a permanent student or as a transient visitor. The latter was well known to all who ever had an appointment with him. His extensive library (now in the possession of his son, C. L. Allen, M.D.) neatly arranged in cases, and the large collection of engraved portraits of the most distinguished physicians and statesmen, which ornamented the walls, imparted to his study an air of quietness and ease, seldom found in a doctor's office.

Dr. Allen was also distinguished for his benevolence. The poor were visited by him with the same concern as the rich. Many were the objects of his charity. He was the common counsellor of the widow and the fatherless, and the provider for their wants. Knowing the value of knowledge, he was ever anxious that others should obtain it. He was, therefore, accustomed to furnish books to those who were unable to obtain them for themselves, and if necessary would instruct them. Many instances of this character are known to the writer of this memoir. His benevolence not only commenced at home, but it extended abroad. The doors of his house were always open to the poor and to the afflicted—to those who were suffering from the want of property or friends. They found under his roof not only the kind, able and sympathizing physician, but *there* they found, also, "fitly and fortunately associated with him," another kind friend, who surpassed almost all others in the excellency, purity and benevolence of her character. The memory of Mrs. Allen, whose death occurred only a few months before that of her husband, is richly embalmed in the hearts of her friends and of those who knew her only to love her.* Dr. Allen was an able advocate of the principles of temperance, and exemplified them in his own person. His "Essay on the Use of Narcotics in Health and Disease," is an able article, and

* Dr. Allen was three times married. His last wife only was known to the writer. By his first wife he had four children—one daughter and three sons. The sons are yet living, two of them being physicians—Charles Linnaeus Allen, A.M., M.D., in the practice of medicine in Middlebury, Vt.; William Cullen Allen, a farmer at St. Josephs, Mich.; Jonathan Adams Allen, A.B., M.D., in the practice of medicine in Kalamazoo, Mich., and a professor of Materia Medica, Therapeutics and Medical Jurisprudence in the Indiana Medical College.

worthy the attention of all those who have made themselves slaves to their use.

The crowning trait of character of Dr. Allen, and the one which harmonized and rendered most valuable all his other qualities, was decided and stable christian principle. He was a firm believer and supporter of the christian religion, and for many years a member of the Congregational Church. He first became connected with the church in Brattleborough, in 1818, then under the pastoral charge of the Rev. Caleb Burge. Religion with him was not a matter of profession alone, but of principle. It exerted its benign influence on the affections of his heart, and exhibited itself, in its power and excellency, in the moulding of his thoughts and generating of his actions.

Few physicians are more widely and familiarly known than was Dr. Allen. Though he did not enjoy a very healthy constitution, yet he possessed great powers of endurance, which, united with his great force of will, made him a most active man in his profession. For many years he was troubled with a strumous diathesis, which, for the last two years of his life, greatly impaired his health and weakened his energies. Through the winter of 1845-6 his ride was more extensive than usual. During the months of February and March, 1846, he had frequent shooting pains in the left ear. Early in April, a discharge commenced from the external meatus, which continued until his death. In May and June following, although his mind seemed to be perfectly clear and active, yet he was unable to walk without assistance, even across his room, on account of giddiness. On the first of July he visited Saratoga, where he remained a few weeks, and returned much improved in health. Soon after his return, a polypus of about the size of an acorn was taken from his ear, disclosing a sinuous ulcer, from which, afterwards, small fragments of bone were occasionally discharged.

During the fall and winter succeeding, he was able to continue the practice of his profession; but in the spring was confined to the house for two or three months. In the summer he was better, and in September, 1847, made a trip to Montreal. He seemed very much benefited by this journey. In October, he visited Montpelier to attend the annual meeting of the Vermont State Medical Society. In November he attended, as a delegate from the State Society, the examination in the Vermont Academy of Medicine, and addressed the graduates. On Sunday, the 22d of January, 1848, he attended church one half of the day, saying "he knew that it was more than he could endure, but as it would probably be the last time he should ever be able, he was determined to do it." After this, he never left his house. For a few days he was able to take his meals with the family, but after the 8th of January he was confined wholly to his bed. The religion which he had professed, and which had rendered him support in the many and severe trials of his life, now afforded him consolation and support in the approach of his dissolution. Though little could be learned of the condition of his mind for the last few days, on account of his lethargic state, yet his hope seemed to rest in God.

Dr. Allen's death will be long and deeply felt by the community of which he was a member, and especially by his medical brethren, to whom he was an able counsellor and a fast friend.

It will be seen that Dr. Allen was no ordinary man. In very many respects he offers an example well worthy of the imitation of his fellows in one of the noblest of professions, and one which should enkindle in the breasts of the younger members of the faculty, a zeal and emulation that shall burn with increased brilliancy till the lamp of life be extinguished.

ON EPIDEMIC INFLUENCE.

[Continued from page 441.]

HAVING drawn the lines of demarkation between *contagious* and *epidemic* diseases, we are now prepared to advance further in the discussion of the present subject. We have defined contagion and infection, and we have *spoken* of a peculiar influence styled epidemic. What is this influence, and where does it exist? If I say that it is a certain something existing in the atmosphere, I say all that is known of it as an element or thing *per se*; I describe it as clearly as systematic writers have ever done; but I do not furnish any additional knowledge, nor confer any new idea. If I leave it here, I shall come short of what I anticipated in the beginning; for I intended to inquire somewhat into its nature, and *modus operandi* in producing disease. We know nothing of the essential properties of *miasma*, but we do know that it is a poison capable of creating certain disorders, and we know that it operates as a *virus* upon the human system, producing endemic diseases—that intermittents and remittents prevail most in those regions where there are marshes and moist grounds, &c. &c. But this kind of poison (malaria) does not act without a concurrence of other causes, such as heat, moisture, &c. If it does, it is only in a comparatively feeble degree. Is this true of the epidemic poison? Is there not an *association and concurrence of causes* concerned in the production of epidemic disorders?

I shall now attempt to show, *first*, what are some of the causes of epidemics; *second*, that there necessarily is a concurrence of causes which give type and character to the prevailing disease; *third*, the manner in which some of these agents act upon the human body.

I. In establishing our first proposition, we assume that the atmosphere may be charged with a virus whose influence is destructive to the health and lives of those who breathe it; that this atmospheric influence, whatever it is, will either directly or indirectly induce disease in those who are susceptible to its operation. It is a well-known fact that the atmosphere consists chiefly of oxygen and nitrogen gases; that it also contains an essential quantity of carbonic acid; which, however, vary at different times. Besides these, there are found variable quantities of the vapor of water, ammonia, sulphuretted hydrogen, and carburetted hydrogen. As we ascend to the more elevated regions, the air becomes more dense, &c.

Chomel says, "The air has a very decided influence on the human

body." He, however, is inclined to the opinion that this influence is more limited than some are willing to admit; but he informs us that certain conditions of the atmosphere predispose to diseases of an inflammatory nature, another condition to the superficial inflammations, as the exanthemata, &c. Other states of the air, he says, favor the prevalence of the adynamic diseases; others, again, of catarrh, rheumatism, &c.—(*Vid. Elements of General Pathology.*)

It is the opinion of some of the French pathologists, and among them Andral, that the first change that takes place in typhus or typhoid fever is in the blood. Prof. Clark, of New York, entertains the same views. Now if this doctrine be well founded, cannot some explanation be found for it in the fact that poisonous gases do exist in the air, as we have already maintained. Every one is acquainted with the poisonous nature of carbonic acid gas. May it not be supposed that if large or unusual quantities of this fluid exist in the atmosphere, its narcotic and other deleterious properties will produce a bad or depraved condition of the blood? If it were possible for a person to survive in a vault where this gas was sufficient to form a proportional small part of the volume of such an atmosphere, would not the blood become manifestly impaired in a short time? If this virus was in the air, in less quantity, but for a longer time, would not similar results follow? I suppose that an atmosphere loaded with such a gas predisposes to typhoid and adynamic affections. Indeed, I have just as good grounds for maintaining this opinion, as Chomel has for assuming that "A warm, dry air, hastens the development of erysipelas," &c. It is highly dangerous to breathe air which contains much carbonic acid gas; it will cause instant death when it is in abundance. Now will it not produce disease when its influence is long continued, though the quantity be comparative small? We have found, too, that the most active of all the gases, *carburetted hydrogen*, sometimes exists in the atmosphere. Even when largely diluted with atmospheric air, it occasions vertigo, sickness, diminution in the force and velocity of the pulse, reduction of muscular vigor, and every symptom of diminished power." Such an agent, too, must by necessity exert a deleterious influence upon the animal economy, when brought to bear upon it, as would be the case if this gas was contained in the atmosphere in appreciable quantities. Sulphuretted hydrogen is another poisonous gas which does occasionally exist in the air, and it is an extremely deleterious fluid. When respired in a pure state, it kills instantly, and its deadly agency is rapidly exerted when put in contact with any of the tissues, through which it penetrates with astonishing rapidity. Even when mixed with a portion of pure air, it has proved immediately destructive." Some of these gases have been employed as therapeutic agents, and they have caused immediate death in so many instances, that their properties are very well understood. Those authors who have ascribed the origin of some fevers to sulphuretted hydrogen, were undoubtedly correct in their opinion; and it is quite as rational, I think, to add to the predisposing causes of disease, those other poisons which have been already alluded to; their existence in the atmosphere, at different

times, is unquestionable, and their deleterious properties have been clearly demonstrated. Aqueous vapors are, and have been for many centuries, acknowledged causes of disease—a warm, moist atmosphere favoring the development of one type of affections, a cold moist air another.

Now comes in a well-established fact, that when infectious poisons, or concentrated human effluvia, are mixed, as they often are, with the poison of malaria, a new disease results from a combination of causes, different from typhus fever or intermitting fever—a mixed fever, the consequence of a mixed poison operating upon the human body. As, for instance, if a person who has a bilious remittent, be placed in an atmosphere favorable to the development of typhus or dysentery, he will not manifest the signs and symptoms of typhus or dysentery, nor will his disease continue in an unbroken type; but it will assume a mixed character, partaking of the nature of both diseases, showing that both kinds of poison have operated upon that individual. Again, the epidemic poison, whether it consist of gases or vapors, often commingles with the marsh poison, or with the infectious virus of ill-ventilated habitations, and induces diseases entirely different from the original disease, or differing from the complaint which either noxious agent would produce by itself. A person poisoned with a mixture of opium, aconite and belladonna, would manifest symptoms quite different from those which would arise from a destructive dose of either drug taken alone. So a person poisoned by human effluvia, marsh miasm and a vitiated atmosphere, acting in concert, will exhibit disorders essentially differing from those which would be the consequence of either of these morbid agents acting singly. And this is the case; the three morbid agents do act upon the human body at the same time, inducing disorders unlike those which one of them would be capable of developing without the co-operation of the others. A person sick with marsh fever, taken to a hospital where there is typhus, will soon manifest typhoid symptoms—a new disorder being developed, unlike the first. If the region where such hospital is situated, is at the same time visited by some epidemic, as, for instance, erysipelas, the complaint assumes yet another shape, and a new disease is the result of this compound poison operating upon the patient. And this is a concurrence which has also been noticed by many physicians. Authors frequently allude to this, and hence, it has become a truism, that during epidemics, “*the prevailing disease swallows up all other disorders*,” i. e., during the prevalence of an epidemic plague, typhus, dysentery, or other diseases of this class, every indisposition of a febrile sort readily assumes the character of the prevailing disorder.” This class of diseases, therefore, has a law peculiar to itself; that is, they are regulated by three leading circumstances—viz., 1st, the type of the original complaint; 2d, the nature of the secondary poison; 3d, the character of the prevailing epidemic, which depends mainly upon a peculiar and unhealthy condition of the atmosphere.

Any physician must be a superficial observer, indeed, who has had any experience, and has not become aware of the ruling influence of the epidemics; who has not been struck with the uniformity of the symp-

toms of all febrile complaints when an epidemic was in progress. Sydenham observed it; and the history of disease, from his time to the present, confirms his observations.

Epidemics suddenly appear, and it is not less true that they as suddenly disappear, and that, too, perhaps, when the greatest number of persons are sick—showing that the poisonous fluid has been in some unknown manner annihilated. Will the science of chemistry, as it advances, furnish us with accurate explanations of these intricate phenomena in the affairs of nature? From what that science has achieved for medicine, I think it is not extravagant to expect that it will, at no very distant day, furnish us with the light which we need on this subject, and also with such other knowledge as shall enable us to devise prophylactics and to prescribe remedies which will be efficient agents in warding off and curing diseases which take their origin from poisons mixed with atmospheric air.

But I have claimed that besides the atmospheric poisons, there were other causes for epidemics. For evidence of this, we may even go as far back as the time of the plague in Athens, accounts of which go to show that an impure atmosphere was the "vehicle or medium," by which the disease was propagated; and as the disorder prevailed at different periods in Athens, Rome, Marseilles and London, its history furnishes us with data which establish the doctrine that there was a combination of causes that produced this terrific and malignant epidemic, such as impure air (the atmosphere probably containing some destructive gas or other morbid agents), a crowded state of the towns and cities, the people fatigued, famished, terrified, debilitated, &c. &c. The ravages of epidemics are sometimes confined to certain classes of the inhabitants of a place, while all others escape. This fact shows that there are preventives somewhere, and that a combination of causes is necessary to the operation of the main one. When the plague prevailed in Marseilles, and in London in 1665, it was confined to the poor.* A malignant fever once prevailed in New York, and scarcely any were attacked save the colored population. It was an epidemic among the blacks, and might be styled so with as much propriety as we speak of an "epidemic among horses," &c.

[To be concluded next week.]

* "Than the moral and physical evils, as well as the management of the poor in great cities, there is no subject that lies more peculiarly within the scope of public hygiene. That the fatality of epidemics is in proportion as the population is poor and crowded, is proved on every hand. Indeed, no branch of medical inquiry is more interesting than the history of epidemics—a great question, which, as has been truly remarked by Sydenham, has never been treated 'in proportion to the dignity of the subject.' The history of London shows, that in the same ratio as filth, want and misery are removed, do epidemics lose their chief power."—(*Vid. Forry on Hygiene, Section III.*) I think this author has attributed too much influence to a want of cleanliness, bad ventilation, &c.; for it is well known that the most fearful epidemics have prevailed where such a condition could not be enumerated as the prime cause of the disease. That they are concurring causes, I admit; indeed, they may be said to be the firebrands which light up and keep in progress the most desolating epidemics. Epidemic typhus and erysipelas often prevail in the country where the rich and the poor suffer in about the same ratio, which is evidence that the principal cause is other than filth; though the wretchedness that attends poverty in large cities seems to invite the chief influence to operate upon the lower classes, as was true of the plague in London, which was so confined and restricted to those orders of society that it bore the name of the "poor's plague."

MEDICAL MATTERS IN KENTUCKY.

To the Editor of the Boston Medical and Surgical Journal.

MY DEAR SIR,—Months have elapsed since I sent you a communication from Paris. The West Indies have occupied my attention during a part of the winter, and New Orleans the remainder of that to you inclement season of the year. Spring, bringing its flowers, was accompanied by a degree of heat, which has forced the crowd to migrate. Travelling as physician to an intimate friend, who is *en route* for Europe, I find myself detained by his illness, and tormented by a *cacoethes scribendi*, in this hospitable and elegant city. The medical school, called here, as elsewhere in America, College, is a building every way fitted for the instruction of pupils. It is quite near enough to the centre of the town, but sufficiently removed from the enticing pleasures to enable a youth to concentrate his mind on the subjects under consideration; a hard matter when six or seven lectures a day are delivered. Of the professors, I had the pleasure of knowing but one intimately, Professor Gross, of the Surgical Chair, whom you know. Never having had the pleasure before, I threw myself upon him with a perfect *abandon*, and was received by him with kindness, yea with cordiality and respect. By the way, I owe much here to your pages. He has engrossed a very large part of the stranger practice, and more than his full share of the patronage of the city. At this I was not at all surprised, when, independently of his fitness, I found the school numbering four hundred pupils, who are all accessory surgeons to the person occupying the chair.

I had great pleasure in introducing to Dr. Gross, Prof. Stone, of the New Orleans Medical School, and Dr. Lewis of Mobile (who by this time must be with you), on the occasion of an operation for lithotomy upon a young man of 20, from whom Dr. G. extracted a calculus fully equalling a pullet's egg in size. For the countenance of young professional men, I may here state that from an anomalous distribution of the transversalis, this artery was cut by the operator, but without any disadvantage to the operation, the youth being at this date in full convalescence. Another practical lesson was taught, from the fact that stone had not been suspected, and the patient had been subjected to a destructive treatment for chronic nephritis by other attendants. The next case in which I had the pleasure of assisting the Professor, was one of hare-lip and cleft palate of an infant eleven days old. Here a remarkable projection of the jaw presented a difficulty in obtaining union. The usual operation being performed, union promised fairly. In three or four days, the twisted sutures being removed, this hope was disappointed by the protrusion of the alveolar process, and other pins were inserted at the distance of half an inch from the edges of the cleft lip. The ethereal solution of gun-cotton was applied as an adhesive bandage, and union obtained for two thirds of the extent. Another long needle was inserted, the edges being pared again, and the lymph stripped off. The case will undoubtedly be successful; a result of the happiest kind, when the extent of the separation and the early age of the patient are considered.

A successful case of operation for stone in a child 4 years old, where the calculus was larger than a pigeon's egg, offered a practical lesson as to the inability to decide exactly on the size of the stone, it being pronounced by the Professor and myself, when sounding, to be of the size of a large nutmeg, and illustrated the impunity with which the bladder can be cut when the patient's constitution has been properly prepared, it being difficult to hit the groove of the small director necessary in so young a subject. At this date, some six days, the wound is in a healthy and healing condition—the little shaver gay and contented.

Two cases of strabismus (an operation which I may say is almost entirely abandoned in France) completed the cases which I had the pleasure of seeing with the doctor. He here boldly separates the conjunctival sac, satisfied that the danger of exophthalmos is less than the risk of leaving some of the fibres uncut, as may occur in the sub-mucous membranous section. The success, up to this date, marks the propriety of his judgment. Dr. G. fixes the eye differently from Velpeau; the hooked forceps being placed by me, at his desire, on the side of the cornea, next the muscle to be divided.

Louisville has an excellent hospital, under the care of Dr. Tiles, where I met with numerous cases of purulent conjunctivitis, a disease whose effects are little understood by general practitioners, and on which it is my intention to give you a paper at some early date. The city can boast of an intelligent faculty in and out of the College. The College museum is good, and constantly increasing; in fact the city is and will continue to be the focus of western medical education.

I had neglected to say, when speaking of the first case, that Professor Stone, of the Charity Infirmary, stated that but one case of creole stone had ever been well authenticated in the State of Louisiana. In Kentucky, Dudley is said to have cut upwards of one hundred.

I leave shortly for Cincinnati, and will, if agreeable, and if opportunity offers, write you about the impressions made on me there.

Louisville, June 16, 1848.

Yours truly, CLENDINEN.

"MEDICAL FEES FROM CLERGYMEN."

[Communicated for the Boston Medical and Surgical Journal.]

It seems a resolution, obviously intended as *retaliatory* upon the clerical profession, was introduced at a late meeting of the Connecticut Medical Society, by Dr. Platt; but was "laid on the table," at the request of the mover, "for after consideration." I know not what may be the bearing of ministers of the gospel towards the medical profession, in that State. If medical usage in Connecticut forbids the exaction of a fee from a clergyman, it is just what might have been expected from that highly cultivated and liberal section of New England; and it is much to be regretted that a vindictive measure, so discreditable to a liberal profession, should have been suggested in such a place. Although there may have been multiplied instances of absurdity, folly and injustice, on the part

of individual clergymen towards the medical profession, it is nevertheless true that, as a *class*, we find them what should be expected of intelligent and cultivated men; the most efficient advocates and supporters of legitimate medicine. Shall physicians, as a *class*, be degraded to the level of the fanatics and fools and swindlers that thrust themselves into their ranks? The organization of all the professions is too imperfect to afford protection from such evils. And shall we enforce a rule on the clerical profession that we might deem so unjust towards ourselves?

In Vermont, the custom prevails, I think, generally, of affording medical attendance on clergymen and their families, without fee. The resolutions offered to the Connecticut Medical Society are also—very *humane*. They decline the exaction of fees in cases of “misfortune and inability” to pay. Yet the subsequent paraphrastic deprecation about “burdening” the pocket of the medical attendants with the contents of the poor clergyman’s *empty* purse, is, I ween, somewhat supererogatory.

That the *needy* physician should receive a pecuniary compensation for services rendered the clergyman in easy circumstances, is very reasonable; nor will he often have occasion to remind his patient of the fact. But the sweeping injustice of attempting to stigmatize a whole profession for the sins or follies of a few individuals, would only recoil upon ourselves.

J. L. CHANDLER.

St. Albans, Vt., June 22, 1848.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON. JULY 5, 1848.

Sanitary Commission of England.—A system for the general improvement of the public health has been completed by the energy of the British Parliament, which marks, in a prominent manner, the progress of civilization, since the preservation of human life should be the highest ambition of a civilized State. The first report of the Commission, with accompanying documents, loaned to us by Lemuel Shattuck, Esq., a compact volume of 430 octavo pages, which was more particularly referred to in last week’s Journal, presents a mass of information in regard to the true mode of bettering the condition of towns and cities, in reference to the maintenance of the health of families, which is unequalled in the whole history of nations. Individuals have explored the sources of poisonous exhalations, the track of a pestilence, and the causes which operate against the health of certain districts; but a great inquiry, like this, undertaken by an enlightened nation, with no other desire than to preserve health by discovering the causes that injure it and thus shorten the duration of life, constitutes an epoch of which humanity may be proud; and the fact will go down to succeeding generations, in the light of a proud conquest of Christianity over the selfishness and recklessness of past ages.

In looking over the topics which have engaged the close and persever-

ing attention of the Sanitary Commissioners, one of whom is the celebrated Dr. Southwood Smith, we feel humbled at the low estimate in which these inquiries are held in our own large cities and towns. If the value of life is decreasing among us, it must be imputed to the positively criminal neglect of the municipal guardians of health. One of the abominations of our day, that constantly militates against an improved state of health in cities, and especially in Boston, is the reception of vast numbers of dead bodies in tombs, both in out-door cemeteries and under churches. In the course of a few years, all but the bones of these bodies entirely disappear, from the most closely-constructed vault; and as the atmosphere is the only medium of transportation of this vast amount of putrefying flesh, the air is of course charged with an immense amount of impurity; and the citizens, however secure and admirably ventilated they may conceive their dwellings, deteriorate and die prematurely by reason of this slowly operating, but certainly destructive cause of disease. When there is moral courage enough to close the burial yards in all the Atlantic cities and large inland towns of the United States, and no more interments are allowed within one or two miles of the dense population of cities or thickly settled villages, the life offices can well afford to reduce the rates of insurance, because the public health must then obviously be improving. Next to the proper disposal of the dead, the drainage of low lands, accessible to fresh water, and filling up marshy grounds and flats in the harbors, from which death sends off his arrows with unrestrained freedom in the hot months, should engage the public mind. Privies in cities, especially in dark, damp alleys and lanes, are another prolific source of destruction to individual health. Strangely overlooked, in all our cities, they are fountains from which proceed a powerful agency in the destruction of the best of constitutions. The mortality of children in such localities as are in the undisputed possession of a multitude of Irish families, for example, in Boston particularly, is referable, in a deplorable degree, to this unmistakable source. Architects have a fine field for the exercise of their ingenuity in abating this worst of nuisances, by contrivances for conducting mephitic gases into the common sewers.

Finally, the true method of sewerage, to command all the waste water of sinks and yards, is of great importance, and is reduced to a science in England. An order of talents has been enlisted there in the service of Government, second to no court of inquiry ever raised, and the result of their deliberations is one of the grandest schemes for the improvement of the public health on record. Boston is supposed to be in advance of other American cities in respect to this important measure, and there is a progressive activity, from year to year, in extending these under-ground conduits, through which flows to the ocean the accumulated filth that is incessantly gathering above the surface.

With the report before us, we shall again refer to it in the Journal, both to propagate its sentiments, of such vital importance to the well being of large towns, and to urge upon the consideration of those whom these pages reach, the necessity of giving heed to the improvements the work suggests, if we would have the infants of this fair country live to a hundred years, a period to which, under ordinary circumstances, a majority of mankind might attain.

Veterinary Record.—This excellent periodical Journal, containing the transactions of the London Veterinary Association, has reached the 14th

No. of the 4th volume. We wish enterprise enough could be mustered to re-publish the best parts of the series as they appear. Messrs. Crosby & Nichols, No. 111 Washington street, receive the work regularly from London. Some two or three years since, there was a blustering manifestation of a desire to have a veterinary school organized here; but the enthusiasm died a natural death, and horses, oxen and dogs continue to be unsuccessfully treated by self-taught farriers, as they always were in this country, whenever they are sick.

Ledoyen's Disinfecting Fluid.—Mr. T. R. Hawley, 97 Washington St., has furnished us with various documents relating to the use of this much-talked-of preparation, and we have no hesitation in saying that it holds out very strong inducements to give it a thorough trial. This is the season, particularly, for resorting to an agent of such potency, in damp yards, cellar kitchens, cess pools, and in fact wherever a disagreeable odor exhales in our compactly inhabited cities. If the disinfecting fluid of Monsieur Ledoyen accomplishes but one half that its friends claim for it, it deserves a far more extended use than it has yet received. One of the arguments in favor of instituting a severe trial under circumstances most favorable for testing its powers, is the cheapness of the article. It is a mystery how the manufacturer can afford to supply even an extensive patronage, unless the materials, entering into the composition, are as common as paving stones, which we are sure is not the case.

Fever wards in hospitals, the holds of ships, together with all the vile places from which stench rises, alike annoying to comfort and destructive to health, are legitimate places, where a free resort to this fluid should be made. We are awaiting the results of the inquiries of others respecting its virtues; in the mean time, those who wish to be satisfied of the truth of what has been asserted touching its remarkable disinfecting properties, can do so by calling on Mr. Hawley.

Vindication of the Hospital Report.—N. I. Bowditch, Esq., is the author of another pamphlet on the ether controversy, vindicatory of the Trustees' Report, of the Massachusetts Gen. Hospital, which waxes a degree or two warmer than the previous one. It came too late for an extended notice, and must therefore be deferred till prior matters are disposed of.

Present to Dr. Morton.—Dr. Morton has been presented with a beautiful silver box, containing one thousand dollars, by his friends. On the lid is engraved the following inscription:

"This box, containing one thousand dollars, is presented to Wm. Thos. Green Morton, by the members of the Board of Trustees of the Massachusetts Gen. Hospital, and other citizens of Boston, May 8th, 1848. He has become poor in a cause which has made the world his debtor. Testimonial in honor of the ether discovery of Sept. 30, 1846."

Rhode Island Medical Society.—At the annual meeting of the Rhode Island Medical Society, June 28th, 1848, the following officers were elected for the ensuing year:

Dr. David King, of Newport, *President*; Dr. S. Augustus Arnold, of Providence, *1st Vice President*; Dr. George Capron, of Providence, *2d Vice President*; Dr. C. W. Parsons, of Providence, *Recording Secretary*; Dr. Hiram Allen, of Cumberland, *Corresponding Secretary*; Dr. Hervey Armington, of Providence, *Treasurer*.

Five new Fellows were admitted to the Society; and Dr. Abel L. Peirson, of Salem, Mass., was elected Honorary Member.

An eloquent and highly interesting discourse was delivered by the late President of the Society, Dr. Mauran, giving a sketch of the proceedings of the National Medical Conventions, particularly the late Convention at Baltimore.

The Fiske Fund Trustees reported that for the best dissertation on the question, "*Vis Medicatrix Naturæ*—how far should it be relied on in the treatment of diseases?" the Premium was awarded to Charles W. Parsons, M.D., of Providence.

Worcester District Medical Society.—At the annual meeting of this Society, held on Wednesday, 21st ult., the following officers were elected for the ensuing year:—

William Workman, M.D., of Worcester, *President*; John G. Metcalf, M.D., of Mendon, *Vice President*; Benj. Heywood, M.D., of Worcester, *Treasurer and Librarian*; J. W. Robbins, M.D., of Uxbridge, *Secretary*.

Medical Men in the French Assembly.—Of the eight-six departments of France, twenty-three have returned medical men as representatives. In these twenty-three departments, thirty-two medical men are elected as members of the National Assembly. M. Recurt was returned both for the department of the Seine and for that of the Hantes-Pyrénées. The department of Dordogne especially signalized itself in its favor towards medical representatives, having elected no less than five. The profession in Paris seems disappointed in the comparatively small number of its members which has been called upon to act in the government of the nation, and would attribute it, in a great measure, to the little interest mostly taken by them in political matters.—*London Lancet*.

Correspondence.

Reply to "Alpha." TO THE EDITOR, &c. Sir,—In your number of the 14th ult. "Alpha" asks "what quantity of the homœopathic 30th dilution of the tincture of opium would contain the strength of a drop of laudanum," and wishes to be informed through the Journal.

Is it not surprising that "Alpha" did not understand the nature of his question sufficiently to state it in terms which would admit of a direct answer.

By the term *strength*, does he mean medicinal or therapeutic power? This is the kind of strength in medicine for which the disciple of Hahnemann seeks. If he does, we would ask him, how much strength there is in a drop of laudanum? Let him tell us what his drop will do in some given cases, and we will tell him how much of the 30th dilution it will take to produce equally remarkable effects in other given cases.

If he meant to ask how much, by weight or measure, of the 30th dilution it would require to contain a measured drop of laudanum, then, if he is good at figures and patient at multiplication, he can answer the question himself. But we would not advise him to make his 30th dilution by putting the drop into the whole quantity of liquid which his quotient would indicate, as he might find it beyond his *strength* to shake the mixture.

The question, in either form, we would assure "Alpha" presents no *new view* to the student of homœopathy, who has something besides theory or logic to depend on.

Yours, OMEGA.

Preparation of Gun-Cotton. TO THE EDITOR, &c. Sir,—As it is presumed the new adhesive plaster, the ethereal solution of gun-cotton, is no nostrum, or quack medicine, and having used some of the article with much satisfaction, procured at Burnett's, I am desirous to know the precise manner of preparing this solution.

It is spoken of in the Journal as a solution of gun-cotton in ether, but as gun-cotton prepared in a particular manner.

I am persuaded you will confer a favor on many of your readers, if you will state the precise mode of preparing the cotton and the ethereal solution.

Thus much I can give assurance of, you will confer a favor on an old subscriber.

St. Johnsbury, Vt., June 25, 1848.

C. J.

Death of Dr. Tenny, of Blue Hill, Me. TO THE EDITOR, &c. Sir,—Dr. Nathan Tenny, a subscriber for your Journal since its first publication, died suddenly on the morning of the 23d inst., aged 79 years. He retained his mental faculties, which were of a high order, until the last. His physical faculties remained but slightly impaired by age until a few weeks prior to his death. Dr. Tenny was born in Bradford, Mass., May 23, 1769; studied in his native place with Dr. Jewett; practised medicine about two years in Litchfield, N. H.; removed to Sedgwick, Me., in September, 1793, and became one of the early pioneers of the medical profession in this vicinity—suffering for many years of his younger days, from faithfulness to his patients, not only the privations incident to his profession, but the severe exposure consequent to a rigorous climate, and almost trackless forests. He remained in Sedgwick until 1814, then removed to the adjoining town of Blue Hill, and continued his practice until near the time of his decease—a period of nearly 57 years; equally prompt in his attendance on the poor and penniless, as on the affluent—acquiring to himself a competence, and a well-earned reputation as a physician and a gentleman.

A. P. E.

Blue Hill, June 26, 1848.

Ledoyen's Disinfecting Fluid. TO THE EDITOR, &c. Sir,—I saw in your last Journal the advertisement of Mons. Jean Ledoyen's disinfecting fluid, which may be a desideratum for most of the purposes stated, but as to its practicability in the sick chamber for the destruction of the putrescent effluvia arising from the excretions of the bowels, I have my doubts. If the excretions undergo an immediate decomposition by coming in contact with the fluid, and so prevent the offensive effluvia, will not this deprive us of the best means of ascertaining the true specific character, increase or decrease, of the disease, and rob us of the principal foothold, the main symptom for a correct diagnosis, in all those diseases where the examination of the excretions of the bowels is necessary for such a diagnosis? Supposing this fluid is in reality what it pretends to be, it would certainly remove a great nasal inconvenience, but would not benefit us physicians, and least of all the patient; wherefore I believe this matter worthy of investigation before the profession can recommend the fluid for the purpose above stated, and I should be very happy to hear the views of our old ones about it.

Yours,

J. BIRNSTILL.

TO CORRESPONDENTS.—Communications have been received from Dr. D. Mowe, Dr. G. L. Collins, and Dr. A. B. Shipman. Other papers, previously received, are on file for publication.

ERRATUM.—In last week's Journal, p. 443, line 2 from top, for "*September*" read *December*.

MARRIED.—In Boston, Dr. Samuel Troll to Miss D. G. Tarbell.—In Peacham, Vt., Dr. Asabel Farr to Miss M. J. Wheeler.—Noah S. Bartlett, M.D., of Southampton, Mass., to Miss M. S. Winchell.—L. W. Flagg, M.D., of Yonkers, N. Y., to Miss C. Whitmann.

At Plymouth, Mass., Nathan Hayward, M.D., 81.—At Newtown, Conn., Dr. Kellogg Berry, 85.

Report of Deaths in Boston—for the week ending July 1st, 62.—Males, 35—females, 27—Stillborn, 4. Of consumption, 6—typhus fever, 3—scarlet fever, 3—brain fever, 1—dropsy, 3—disease of the bowels, 4—infantile, 7—teething, 3—child-bed, 2—convulsions, 1—cholera infantum, 2—measles, 2—erysipelas, 2—apoplexy, 2—cancer, 1—inflammation of the lungs, 2—drowned, 3—gravel, 1—intemperance, 1—murdered, 1—worms, 1—marasmus, 2—mortification, 1—accidental, 1—disease of the spine, 1—dropsy of the brain, 1.

Under 5 years 24—between 5 and 20 years, 7—between 20 and 40 years, 19—between 40 and 60 years, 10—over 60 years, 2.

Medical Miscellany—An operation was lately performed by Dr. Trowbridge, of Waretown, N. Y., on a lady, for the removal of a polypus from the nose and cavities of the face. She was put under the influence of chloroform, and was insensible to the painful part of the operation. A large polypus was extracted from the posterior nostril, then the cheek bone opened and a large one removed from its cavity or the antrum. She is doing well.—The clerk of an apothecary's store in New York, has been found guilty of manslaughter in the fourth degree, in causing the death of an old lady named Ann Hart, by putting up for her use laudanum instead of tincture of rhubarb, of which she partook in sufficient quantity to cause her death.—Copies of Dr. Fleming's lecture on the philosophy of homœopathy, and the Posthumous Philosophical Tracts of the great Swedenborg, have been received from the publisher, Mr. O. Clapp, of Boston.—Dr. Smilie's discourse at the Castleton Medical College, May 17th, on the History of the Original Application of Anæsthetic agents, has been published in a handsome pamphlet.

NEW HAMPSHIRE MEDICAL INSTITUTION—DARTMOUTH COLLEGE.

The fifty-second Annual Course of Lectures will commence on Thursday, the 3d of August, 1848, and continue fourteen weeks.

Hon. JOS. PARKER, LL.D., Prof. of Medical Jurisprudence.
 DICK CROSBY, M.D., Prof. of Surgery and Obstetrics, and Diseases of Women and Children.
 E. E. PHELPS, M.D., Prof. of Materia Medica and Therapeutics.
 O. P. HUNNARD, M.D., Prof. of Chemistry and Pharmacy.
 J. RORY, M.D., Prof. of Theory and Practice of Medicine and Pathological Anatomy.
 E. R. PEASLEE, M.D., Prof. of Anatomy and Physiology.
 GEORGE B. UPHAM, A.B., Demonstrator of Anatomy.
 Fees for the Course—payable in advance, \$50. Matriculation, \$5. Graduating expenses, \$18.
 Hanover, N. H., May, 1848. (My 24—eptL) E. R. PEASLEE, Sec'y.

CONCENTRATED CHLORIC ETHER.

WM. B. LITTLE & Co., Chemists, 104 Hanover St., have for sale Concentrated Chloric Ether, of the same strength and quality as that distilled by them for the Massachusetts General Hospital, and which is recommended by Dr. John C. Warren, and other eminent surgeons, as being preferable to chloroform for anæsthetic purposes. Also, as above,

PURE CHLOROFORM,

in any quantity, at wholesale and retail, at the lowest market prices.

June 7—1f

PURE POWDERED DRUGS.

WM. B. LITTLE & Co. are agents for the sale of Messrs. Haskell & Merrick's "Select Powders," which may be relied upon as being *strictly pure* and of the *best quality*. "It is well known that many of the best drugs, both foreign and indigenous, are more or less mixed with extraneous substances, and inferior qualities, which, if not removed, must of course injure the article when powdered. To obviate this, we subject every drug to the most rigid scrutiny; rejecting all that does not accord with the Official Standard. They are then reduced to the utmost degree of fineness, compatible with their physical properties. Great care is also observed in the process of preparing them for powdering, for the purpose of guarding against any injury which might result (which is often the case) to the chemical constituents and medicinal properties of the drugs, by incautious drying, &c. This important department is under the charge of a person of great experience, who has devoted many years to this branch of business, so that the Powders coming from his hands are not only beautiful in appearance, but may be relied upon as not having received injury in the process of powdering.

"In addition to the quality and fineness of our Powders, we would call attention to the style in which they are put up; the convenient form of 1 lb. flint-glass bottles, which secures them from the action of the atmosphere and moisture—a prolific cause of the deterioration of powdered drugs. Each bottle is stamped with the seal of the firm, and labelled in accordance with the U. S. Pharmacopœia. As there are certain rays of light which have the effect of gradually decomposing the substances which come under their influence, it is necessary, therefore, that the Powders should be kept in the box in which each bottle will be found enclosed."

A complete assortment of the above powders for sale by WM. B. LITTLE & CO., Chemists and Druggists, 104 Hanover street.

Apr. 12—1f

PURE CHLOROFORM.

For sale by Joseph Burnett, Apothecary, No. 33 Tremont Row.

Jan. 5—1f.

J. C. NEILSON, M.D.,

SURGEON DENTIST. Office with Dr. J. F. FLAGG, 31 Winter street,

Apr. 12—epl y

BOSTON.

DR. LEWIS will attend to Diseases of the Eye, from 9 to 10 o'clock A. M., every Tuesday, Thursday and Saturday.

Nov 17—1f

A. E. CUTTER, Apothecary,

Opposite Boylston Market, 400 Washington Street,

Has constantly on hand a large and choice selection of genuine medicines, for family use and the prescription department. By strict attention to his duty as an Apothecary, he will endeavor to merit the confidence of physicians and the public. Fresh herbs of all kinds at wholesale and retail. The night bell answered personally.

June 14—eopl y